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MDM TECHNOLOGIES INC.

Nevada Business Identification # NV20051282058

Expiration Date: March 31, 2011

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 27, 2010

ROSS MILLER
Secretary of State

This document is not transferable and is not issued in fleu of any locally-required business license, permit or registration.

You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.

(PROFIT) ANNUAL LIST OF OFFICERS, DIRECTORS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF: FILE NUMBER MDM TECHNOLOGIES INC. E0114612005-9 NAME OF CORPORATION 3/2010 TO FOR THE FILING PERIOD OF ""YOU MAY FILE THIS FORM ONLINE AT www.nvsos.gov"" The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is CSC SERVICES OF NEVADA, INC. (Commercial Registered Agent) Filed in the office of Document Number 20100127199-92 **502 EAST JOHN STREET** · La Se CARSON CITY, NV 89706 USA Filing Date and Time Ross Miller 02/27/2010 8:52 AM Secretary of State Entity Number State of Nevada E0114612005-9 A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: WWW. INVSOS. GOV (Fine coccurrent was filed electronically) USE BLACK INK ONLY - DO NOT HIGHLIGHT Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.) IMPORTANT: Read instructions before completing and returning this form. 1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. FORM WILL BE RETURNED IF UNSIGNED. 2. If there are additional officers, attach a list of them to this form. 3. Return the complete form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year. 4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline. 5, Make your check payable to the Secretary of State. 6. Ordering Coples: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, endo se an additional \$30.00 per perfile atom. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order. 7. Return the completed form to: Secretary of State, 202 North Cerson Street, Carson City, Nevada 89701-4201, (775) 584-5709. 8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing. CHECK ONLY IF APPLICABLE Section 7(2) Exemption Codes Pursuant to NRS, this corporation is exempt from the business license lee. Exemption code: 001 - Governmental Emitty 002 - 501(c) Nonprofit Entity Month and year your State Business License expires: 003 - Home based Business 004 - Natural Person with 4 or less This corporation is a publicly traded congration. The Central Index Key number is rențal dwelling units 005 - Motion Picture Company This publicly traded corporation is not required to have a Central Index Key number. 006 - NRS 680B.020 Insurance Co. NAME TITLEIS GILLES GAGNON PRESIDENT (OR EQUIVALENT OF) CITY ZIP CODE 2075 CAROLINE BIEIQUE SUITE 502, CAN MONTREAL, QUEBEC H4N 3K5 NAME TITLETS DMITRY MILIKOVSKY SECRETARY (OR EQUIVALENT OF) CITY ADD RESS STATE ZIPCODE CHICAGO IL 60613 3823 NORTH CLARK STREET SUITE 1 МДМЕ TITLE(S) DMITRY MILIKOVSKY TREASURER (OR EQUIVALENT OF) CETY STATE ZIP CODE ADDRESS CHICAGO IL 60513 3823 NORTH CLARK STREET SUITE 1 TITLE(S) ROMAN MILIKOVSKY DIRECTOR CITY STATE ZIP CODE CHICAGO II. 3823 NORTH CLARK STREET SUITE 1 60613 I declare, to the best of my knowledge under pensity of perjury, that the above mentioned entity has compiled with the provisions of sections 6 to 18 of AB 146 of the 2009 session of the Nevada Legislature and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filling in the Office of the Secretary of State. GILLES GAGNON Title Date PRESIDENT 2/27/2010 8:45:04 AM

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